

**MONTGOMERY COUNTY, MARYLAND**

**DIVISION OF TREASURY**

255 Rockville Pike, Suite L-15

Rockville, Maryland 20850

Phone: (240) 777-8928

Fax: (240) 777-8954

**ROOM RENTAL-TRANSIENT TAX**

**ACCOUNT NO. ASSIGNED** \_\_\_\_\_

**APPLICATION FOR MONTGOMERY COUNTY ROOM RENTAL-TRANSIENT TAX ACCOUNT NUMBER.**

**PLEASE READ PAGE ENTITLED APPLICATION INFORMATION BEFORE COMPLETING THIS FORM.**

**ALL QUESTIONS MUST BE ANSWERED ---PRINT OR TYPE**

1. Name Under Which Business Is To Be Conducted \_\_\_\_\_
2. Address of Business \_\_\_\_\_  
(Street & Number) (City or Town) (State) (Zip)
3. Date Started or Date To Start At Above Address \_\_\_\_\_  
(Month) (Day) (Year)
4. Mailing Address of Business, If Different From Line 2.  
\_\_\_\_\_  
(Street & Number) (City or Town) (State) (Zip)
5. Telephone Number of Business ( ) \_\_\_\_\_
6. Name and Address of Owner, If Different From Lines 1, 2 or 4.  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
(Street & Number) (City or Town) (State) (Zip)
7. Type of Ownership: \_\_\_\_\_ Individual Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation  
\_\_\_\_\_ Other, Explain \_\_\_\_\_
8. Name and Address of Partner or Principal Officers (attach another page if necessary)  
\_\_\_\_\_  
\_\_\_\_\_
9. Do you maintain your books on a cash or accrual basis? \_\_\_\_\_ Cash \_\_\_\_\_ Accrual  
\_\_\_\_\_ Other, Explain \_\_\_\_\_
10. Name and Address Where Accounting Records are Maintained (If same as 1, 2 or 5 above, leave blank)  
\_\_\_\_\_
11. Is This A New Business? \_\_\_\_\_ YES \_\_\_\_\_ NO
12. Monthly filing is required unless quarterly filing is requested. To request quarterly filing check here \_\_\_\_\_ . If checked, quarterly filing is approved unless denied in writing by our office.

\_\_\_\_\_  
(SIGN HERE)

\_\_\_\_\_  
(TITLE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(TYPE OR PRINT NAME OF SIGNER)

### **ROOM RENTAL-TRANSIENT TAX APPLICATION INFORMATION**

- 1) Every provider of accommodations receiving any payment for room rental subject to this tax, must submit an application for Montgomery County Room Rental-Transient Tax Account Number.
- 2) Montgomery County Room Rental-Transient Tax Account Numbers established by the Director of Finance shall not be transferred.
- 3) If you are purchasing the business in this application, you should notify the Division of Treasury, Montgomery County.
- 4) The monthly return should be accompanied by the tax payment.
- 5) Make check or money orders payable to Montgomery County, Maryland. **Do not send cash.**
- 6) Monthly returns must be filed on or before the last day of each month, covering the immediate preceding calendar month. Upon written application to and with the consent of the Director of Finance, the following schedule may be adopted for filing returns:

<u>For Months of</u>	<u>Return Due On/Or Before</u>
January, February, March	April 30th
April, May, June	July 31st
July, August, September	October 30th
October, November, December	January 31st

When using the above schedule for filing, a return for each month must be completed.

COME VISIT OUR NEW WEB SITE ON EXCISE TAXES AT:

[www.montgomerycountymd.gov](http://www.montgomerycountymd.gov)